

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV 10/92)

| | | | | | |
|-----------------------------------|-------|---------------------------------------|------|--------------------------------------|-----|
| CLAIMANT'S NAME Matthew David | | SSAN OR EMPLOYEE NUMBER | | DEPARTMENT Governor's Office | |
| POSITION Deputy Chief of Staff | | CB/ID NUMBER | | DIVISION OR BUREAU Communications | |
| RESIDENCE ADDRESS | | HEADQUARTERS ADDRESS State Capitol | | INDEX NUMBER | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| Sacramento | | California | | 95814 | |

| MONTH/YEAR | | LOCATION WHERE EXPENSES WERE INCURRED | LODGING | MEALS | | | | INCIDENTALS | TRANSPORTATION | | | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|-------------------------------|--------|---|----------|-----------|-------|---------|--|-------------|-------------------|-----------|-------------------------------|------------------------------------|---------------------|------------------------------|
| DATE | TIME | | | BREAKFAST | LUNCH | DINNER | | | COST OF TRANS. | TYPE USED | CARFARE, TOLLS, PARKING | PRIVATE CAR USE MILES AMOUNT | | |
| 19-Jan | 1pm | San Jose > DC | 188.92 ✓ | | | | | | | | | 0.00 | | 188.92 |
| 20-Jan | | DC | 188.92 ✓ | | | | | 6.00 ✓ | | | | 0.00 | | 194.92 |
| 21-Jan | | DC > LA | 238.40 ✓ | | | 18.00 ✓ | | 6.00 ✓ | | | | 0.00 | | 262.40 |
| 22-Jan | 3:30pm | LA > Sac | | 6.00 | 10.00 | | | 6.00 | 251.40 ✓ | | | 0.00 | | 273.40 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| SUBTOTALS | | | 616.24 | 6.00 | 10.00 | 18.00 | | 18.00 | 251.40 | 0.00 | 0.00 | 0 | 0.00 | 0.00 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | | \$919.64 | |

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff for GS' DC Trip

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240865

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.

Training to vehicle safety and seat belt usage

DATE

DATE

SIGNATURE OF OFFICER APPROVING TRAVEL

DATE

DATE

CITY FOR SPECIAL EXPENSES

DATE